

## ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	J.B. 100205		8-3-99
O.I.P.E. CLASSIFIER	16		8-6-99
FORMALITY REVIEW	M.M. 71628		8-19-99

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## INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral) .. Canceled      A ..... Appeal  
 ÷ ..... Restricted      O ..... Objected

Claim	Date
Final	9/2
Original	9/2
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Claim	Date
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Original	9/2
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Claim	Date
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Original	9/2
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If more than 150 claims or 10 actions  
staple additional sheet here